



MSK + **together**

An integrated MSK service for Mid-Nottinghamshire

Nottinghamshire Integrated Care System

Golfers Elbow

Medial Epicondylitis / Medial Epicondyle Pain

Information for patients



Information in this booklet is intended to be used as a guide. It gives you an idea about how *Golfers Elbow* can be managed. You should remember that every case is different, and symptoms and management can vary from person to person.

Golfers Elbow

***Golfers Elbow (Medial Epicondylitis / Medial Epicondyle Pain)* is a condition that causes pain around the inside of the elbow. It usually affects the dominant arm.**

It often occurs following overuse of the forearm muscles and tendons near the elbow resulting in irritation in the tendon; this is also known as tendinopathy.

What is Golfers Elbow?

***Golfers Elbow* is an overuse injury. It occurs when the tendons in the forearm are strained due to repetitive, strenuous activity.**

Golfers Elbow is sometimes caused by playing sports such as golf, however more often it is caused by other activities that put repeated stress on the tendon such as throwing activities or manual work. However, anyone can get it even if you don't do these activities.

Why me?

Golfers Elbow is a common musculoskeletal condition, although not as common as Tennis Elbow. It affects about 1% of the population. The condition affects men and women equally and is more common in people between the ages of 40-60 years.

Symptoms

***Golfers Elbow* causes pain and tenderness on the inside aspect of your elbow. You may also have pain down into your forearm.**

Symptoms can be present while using your arm or when at rest and can range from mild discomfort to severe pain. The pain is often worse when you use your arm with repetitive wrist movements.

If you have *Golfers Elbow*, you will usually experience:

- Pain on the inside of your upper forearm, just below your elbow
- Pain may travel down towards the wrist
- Pain when lifting or bending your arm
- Pain when gripping
- Pain when twisting your forearm, such as turning a door handle or opening a jar.

Diagnosis & Investigations

***Golfers Elbow* is diagnosed from the signs and symptoms that you describe.**

Assessment of the elbow and wrist by a health care professional may help to inform the diagnosis. If the diagnosis is unclear, then an X-Ray or ultrasound can be performed to aid the diagnosis.

Will it get better?

Your symptoms can often be managed with advice and exercises from your physiotherapist. Most cases will resolve with conservative treatment within 6-12 months. Most people make a full recovery if they follow the management plan. Sometimes, symptoms can return in the future.

Treatment is aimed at:

- Reducing pain irritation and promoting healing

- Restoring flexibility and normal movement
- Improving and normalising function
- Reducing strain on the tendon.

We work with a team of Orthopaedic Advanced Practitioners and Consultants. If you do not respond to physiotherapy, we can escalate your care.

Management

Your health care professional can provide you with exercises to help strengthen the forearm tendons and muscles and give you individual advice on managing your condition. This reduces the strain on the tendon.

You may find it helpful to use a brace or clasp such as an epicondylitis clasp short term for pain relief.

Golfers Elbow is treated with a variety of different management techniques. Below is a list of ways you can help yourself.

- **Modify or reduce activities that aggravate the pain**
- **Take over the counter pain relief**
- **Use of cold therapy such as a bag of frozen peas wrapped in a towel.**

MEDICATION FOR PAIN CONTROL

Controlling your pain allows you to continue to function and carry out your daily activities more comfortably. Your GP may have already discussed medication to help with your pain and the correct ways to take pain relief. They may recommend that you take it as a short course rather than 'as and when' the pain is bad. This often includes paracetamol, co-codamol (Zapain), and non-steroidal anti-inflammatory medication such as ibuprofen. Please always read the instructions before using these products.

TREATMENT

- **Activity Modification:** Modify or reduce activities that aggravate the pain, such as lifting
- **Medication:** Taking pain relief such as over the counter paracetamol or ibuprofen can help manage the pain. It is more effective to take it regularly rather than only when the pain is bad
- **Ice / Heat:** This is specific to each individual; you may find you benefit more from one or the other, to help manage the pain.
- **Physiotherapy:** Your physiotherapist will be able to recommend a specific exercise program for you. For some examples of these exercises see below.

STEROID INJECTIONS

Steroid injections are sometimes used to facilitate physiotherapy exercises in other MSK issues. However, for *Golfers Elbow* they are avoided due to the lack of evidence and the risks associated with 'soft-tissue' steroid injections.

PLATELET RICH PLASMA INJECTIONS (PRP)

PRP is a treatment where blood plasma containing concentrated platelets is injected into the elbow to help repair the affected tissue. It has been shown to help speed up the healing process, but its long-term effectiveness is unknown. You would need to be referred to Orthopaedics to discuss if this treatment is appropriate for you.

DO I NEED SURGERY?

In some chronic severe cases surgery may be required, but this is a last resort. It is only when physiotherapy or other non-surgical techniques have not worked.

EXERCISES



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EXERCISE 1

Wrist Extension

- Sitting beside a table and holding a small weight e.g. dumbbell, food tin, bottle or hammer in your hand, support your forearm on the table so your wrist is over the edge of it and your palm is facing upwards
- With your wrist bent upwards and holding the weight, slowly lower your wrist down then return to the starting position by bending the wrist
- Hold for 1-2 seconds before lowering your wrist again
- Repeat the above 8-12 times for a total of three sets, resting for 1-2 minutes in between sets
- Complete the exercise once or twice a day.

This exercise should provide nothing more than a mild discomfort that settles within 1-2 hours.

EXERCISES



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EXERCISE 2

Supination/Pronation

- Stand with your elbow bent at 90 degrees to your body and hand pointed in front of you
- With your palm turned up and holding a small weight e.g. dumbbell, food tin, bottle or hammer, rotate your forearm so your palm ends up facing downwards (keeping your elbow at 90 degrees to your body)
- Rotate your forearm to bring your palm back to facing up
- Repeat the above 8-12 times for a total of three sets, resting for 1-2 minutes in between sets
- Complete the exercise once or twice a day.

This exercise should provide nothing more than a mild discomfort that settles within 1-2 hours.

EXERCISES



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EXERCISE 3

Wrist Flexor Stretch

- With your arm held out in front of you bend your wrist so your fingers are pointing upwards
- Holding your fingers, gently extend the wrist until you feel a stretching at the inside of your forearm
- Stretch for approximately 20 seconds
- Repeat the exercise 2-3 times per day

Further Information

<https://www.versusarthritis.org/media/1339/elbow-pain-information-booklet.pdf>